

EDITORIAL

Two years ago we commented on the use of cortisone in syphilitic eye disease (Editorial, March, 1953) and simultaneously presented an important paper by Ashworth (1953) reporting his experience in Manchester. In addition, the discussion which followed Ashworth's address to the Medical Society for the Study of Venereal Diseases on November 28, 1952, indicated the early impressions obtained by other venereologists in Great Britain. On page 9 of the current issue Dr. G. O. Horne, of Leeds, reviews the present position of topical cortisone in syphilitic interstitial keratitis and reports his own experience in 23 patients. The view that topical cortisone is now the essential adjunct to systemic antisyphilitic treatment in these cases of interstitial keratitis is widely held throughout Great Britain, and its increasingly recognized value in this condition is in marked contrast to the recession of enthusiasm which has resulted from further experience of systemic cortisone and ACTH in other diseases, notably rheumatoid arthritis. For maximum benefit, local cortisone must be used in the earliest stages of syphilitic interstitial keratitis, and we would again emphasize the importance and value of close cooperation between venereologist and ophthalmologist in the management of such patients. The wider use of the slit-lamp microscope in the early diagnosis and control of treatment of these cases will be stimulated by the valuable article on this subject by Dunlop and Zwink (1954).

In December, 1954, we regretfully bade farewell to the *American Journal of Syphilis, Gonorrhea and Venereal Diseases*. We now welcome the first issue (January, 1955) of *The Central African*

Journal of Medicine * from the new State of the Federation of Rhodesia and Nyasaland. Medical men in the heart of tropical Africa are relatively few and far between and professional isolation is one of their hardships. This new journal can help local practitioners to keep in touch not only with medical work in other continents but also with that of their colleagues throughout Central Africa. For success, the Journal must be actively supported by those it is intended to serve, and there is no doubt that observations reported from their daily work throughout the new Federation can be of interest to readers outside Africa. This is especially true of the treponematoses and venereal diseases, and we look forward to articles on these conditions in *The Central African Journal of Medicine*. David Livingstone was probably the first medical man to practise in Central Africa and has many claims to be regarded as the founder of this State. It is appropriate, therefore, that his statue should be chosen as the emblem on the cover of the new journal. Besides being an explorer and missionary, Livingstone was no mean clinician and his observations of a century ago on the epidemiology of syphilis and his appreciation of the venereal and non-venereal forms of treponematoses are of great interest to the modern venereologist. If the spirit of Livingstone lives on in the doctors of the new Federation, the success of *The Central African Journal of Medicine* is assured.

REFERENCES

- Ashworth, A. N. (1953). *British Journal of Venereal Diseases*, 29, 3.
Dunlop, E. M. C., and Zwink, F. B. (1954). *Ibid.*, 30, 201.
Editorial (1953). *Ibid.*, 29, 1.

* Published bi-monthly. P.O. Box 2073, Salisbury, S. Rhodesia.